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**FAX TRANSMISSION****OFFICIAL****DATE:** August 10, 2004**PTO IDENTIFIER:** Application Number 10/038,035  
Patent Number**Inventor:** Markus Baumann et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Myron Keith Wyche

**PHONE:** (202) 331-7111**Attorney Dkt. #:** 10253-00145-US**PAGES (Including Cover Sheet):** 6**CONTENTS:** Fee Transmittal (1 page);  
Transmittal (1 page);  
Notice of Appeal (1 page);  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);  
Certificate of Transmission under 37 CFR 1.8 (1 page); and  
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| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> |                      |
| Application Number   | 10/038035            |
| Filing Date  | January 2, 2002      |
| First Named Inventor   | Markus Baumann       |
| Art Unit   | 1751                 |
| Examiner Name  | Margaret V. Einsmann |
| Attorney Docket Number   | 10253-00145-US       |
| Total Number of Pages In This Submission   |                      |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |  | <h1>OFFICIAL</h1>   |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |  |   |
| Firm or Individual name   | CONNOLLY BOVE LODGE & HUTZ LLP<br>Myron Keith Wyche - 47,341   |   |
| Signature   | <i>Myron Keith Wyche</i>   |   |
| Date  | August 10, 2004  |   |

PTO/SB/17 (10-03)

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| FEE TRANSMITTAL<br>for FY 2004   |  | Complete if Known    |                      |
|--|--|----------------------|----------------------|
| Effective 10/01/2003. Patent fees are subject to annual revision.              |  | Application Number   | 10/038035            |
|  |  | Filing Date          | January 2, 2002      |
|  |  | First Named Inventor | Markus Baumann       |
|  |  | Examiner Name        | Margaret V. Einsmann |
|  |  | Art Unit             | 1751                 |
|  |  | Attorney Docket No.  | 10253-00145-US       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |                      |                      |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 750.00               |                      |

  

| METHOD OF PAYMENT (check all that apply)   |          | FEE CALCULATION (continued) |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
|--|----------|-----------------------------|----------|--|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|-------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|---------------------------------------|--|------|-------|------|-------|--|--|------|------|------|------|---|--|--------------|--------|------|--------|---|------|------|-----|------|----|--|--|------|-----|------|-----|---|--------|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--------|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|----------------------|--|--|--|--|--|-----------------------------------|--|--|--|--------------|------|--|--|--|--|--|--------|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          | 3. ADDITIONAL FEES          |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 50-3223<br>Deposit Account Name: INVISTA S.a.r.l.<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          |                             |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| FEE CALCULATION  |          |                             |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>  |          | Large Entity                |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee                  |  | 1002 | 340 | 2002 | 170 | Design filing fee                                      |  | 1003 | 530 | 2003 | 265 | Plant filing fee                      |  | 1004 | 770   | 2004 | 385   | Reissue filing fee                                     |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                  |  | SUBTOTAL (1) |        |      |        | (\$)  | 0.00 |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| Large Entity   |          | Small Entity                |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| Fee Code   | Fee (\$) | Fee Code                    | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1001   | 770      | 2001                        | 385      | Utility filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1002   | 340      | 2002                        | 170      | Design filing fee  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1003   | 530      | 2003                        | 265      | Plant filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1004   | 770      | 2004                        | 385      | Reissue filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1005   | 160      | 2005                        | 80       | Provisional filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| SUBTOTAL (1)   |          |                             |          | (\$)   | 0.00     |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>  |          | Large Entity                |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20              |  | 1201 | 88  | 2201 | 43  | Independent claims in excess of 3                      |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86    | 2204 | 43    | Reissue independent claims over original patent        |  | 1205 | 18   | 2205 | 9    | Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |        |      |        | (\$)  | 0.00 |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| Large Entity   |          | Small Entity                |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| Fee Code   | Fee (\$) | Fee Code                    | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1202   | 18       | 2202                        | 9        | Claims in excess of 20   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1201   | 88       | 2201                        | 43       | Independent claims in excess of 3  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1203   | 290      | 2203                        | 145      | Multiple dependent claim, if not paid                                      |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1204   | 86       | 2204                        | 43       | Reissue independent claims over original patent                            |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1205   | 18       | 2205                        | 9        | Reissue claims in excess of 20 and over original patent                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| SUBTOTAL (2)   |          |                             |          | (\$)   | 0.00     |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| <b>3. ADDITIONAL FEES (continued)</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td>420.00</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td>330.00</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or release)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Sheet</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify):</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3)</td> <td>(\$)</td> </tr> <tr> <td colspan="4"></td> <td></td> <td>750.00</td> </tr> </tbody> </table> |          | Large Entity                |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |  | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification             |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action  |  | 1805         | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |      | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 420.00 | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal | 330.00 | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or release) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Sheet |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify): |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) | (\$) |  |  |  |  |  | 750.00 |  |  |
| Large Entity   |          | Small Entity                |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| Fee Code   | Fee (\$) | Fee Code                    | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1051   | 130      | 2051                        | 65       | Surcharge - late filing fee or oath  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1052   | 50       | 2052                        | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1053   | 130      | 1053                        | 130      | Non-English specification  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1812   | 2,520    | 1812                        | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1804   | 920*     | 1804                        | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1805   | 1,840*   | 1805                        | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1251   | 110      | 2251                        | 55       | Extension for reply within first month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1252   | 420      | 2252                        | 210      | Extension for reply within second month                                    | 420.00   |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1253   | 950      | 2253                        | 475      | Extension for reply within third month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1254   | 1,480    | 2254                        | 740      | Extension for reply within fourth month                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1255   | 2,010    | 2255                        | 1,005    | Extension for reply within fifth month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1401   | 330      | 2401                        | 165      | Notice of Appeal   | 330.00   |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1402   | 330      | 2402                        | 165      | Filing a brief in support of an appeal                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1403   | 290      | 2403                        | 145      | Request for oral hearing   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1451   | 1,510    | 1451                        | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1452   | 110      | 2452                        | 55       | Petition to revive - unavoidable   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1453   | 1,330    | 2453                        | 665      | Petition to revive - unintentional   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1501   | 1,330    | 2501                        | 665      | Utility issue fee (or release)   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1502   | 480      | 2502                        | 240      | Design issue fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1503   | 640      | 2503                        | 320      | Plant issue fee  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1460   | 130      | 1460                        | 130      | Petitions to the Commissioner  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1807   | 50       | 1807                        | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1806   | 180      | 1806                        | 180      | Submission of Information Disclosure Sheet                                 |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 8021   | 40       | 8021                        | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1809   | 770      | 2809                        | 385      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1810   | 770      | 2810                        | 385      | For each additional invention to be examined (37 CFR 1.129(b))             |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1801   | 770      | 2801                        | 385      | Request for Continued Examination (RCE)                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| 1802   | 900      | 1802                        | 900      | Request for expedited examination of a design application                  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| Other fee (specify):   |          |                             |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
| *Reduced by Basic Filing Fee Paid  |          |                             |          | SUBTOTAL (3)   | (\$)     |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
|  |          |                             |          |  | 750.00   |                 |          |          |          |          |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |              |        |      |        |   |      |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |              |      |  |  |  |  |  |        |  |  |
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